

Foster Family Home - Corrective Action Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

74-5209 Kauwela Place

Kailua-Kona HI 96740

Review ID: 2-160008-3

Reviewer: Carol Copeland

Begin Date: 6/20/2017

End Date: 6-26-17

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to change home from two clients to three client home. Home in compliance on day of survey. Corrective action Report issued with no plan of correction due to CTA. Home is eligible for a change to three client home.

Carol Copeland RN MSN

Compliance Manager

Marieta D. Reyes

Primary Care Giver

6-20-17

Date

06/20/2017

Date